

FREQUENTLY ASKED QUESTIONS

Open Season

GENERAL INFORMATION	COMPARING BENEFITS	ENROLLING & CHANGING BENEFITS
FLEXIBLE SPENDING ACCOUNTS	RETIREMENT	OTHER

General Information

What is Open Season?

Open Season is the time of year that allows you to make any necessary changes to your health, dental, and vision insurance coverage. Unless you have a Qualifying Life Event (QLE), it is your only opportunity during the year to make changes to your health coverage (unless your FEHB premiums are deducted on a post-tax basis, in which case you may decrease or cancel enrollment at any time) and enroll in flexible spending account (FSA) programs.

Why is Open Season important to me?

Most plans change their coverage options, service areas, or premiums each year. Therefore, it is important to evaluate all of your options to help you decide if you need to make any changes for the upcoming year.

During this time, you can also consider the changes you may need to make to your health coverage so that it better aligns with your current health care needs. This ensures that you have the coverage you need without paying for services you don't need. You may even end up saving money!

During Open Season, how can I find out if anything has changed in my plan from what I had the previous year?

Check your plan's brochure to see if your benefits have changed for 2019. If your Federal Employees Health Benefits (FEHB) plan is leaving the FEHB program or reducing its service area, you should receive notice from your health plan and from the Postal Service.

Why don't I get notified if any of the benefits or premiums will change the next plan year?

Health plans send plan changes and updates directly via the mail to their enrollees and members. They also mail new members brochures which would include detailed plan information and premium

rates. If you have not received anything by mail, you can also find the information at [OPM's Plan Information page](#).

What are the important dates I need to know for the 2018 Open Season?

<ul style="list-style-type: none">• Federal Employees Health Benefits (FEHB)• Federal Employees Dental and Vision Insurance Program (FEDVIP)• USPS Health Benefits Plan (USPSHB)• Flexible Spending Accounts (FSAs)• Annual Leave Exchange (ALE)	November 12 – December 10, 2018 (11:59 PM EST)
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Does the most expensive plan usually mean it is the best?

No. Your needs should be determined by your lifestyle and individual health concerns, not by the price of the plan. Visit [Select the Right Plan for You](https://liteblue.usps.gov/planselection) (<https://liteblue.usps.gov/planselection>) on LiteBlue and use **Checkbook's Guide to Health Plans** to compare health plans that are available to you.

Comparing Benefits

During Open Season, will the LiteBlue Website also show what deductibles are available for each plan?

LiteBlue provides access to **Checkbook's Guide to Health Plans**, where you can find every plan available to you ranked by estimated costs and more. This tool can also help you compare available plan options in detail, including deductibles, premiums, and specific coverage information.

To access Checkbook's Guide to Health Plans, go to [Select the Right Plan for You](https://liteblue.usps.gov/planselection) (<https://liteblue.usps.gov/planselection>) on LiteBlue.

What is Checkbook's Guide to Health Plans?

Checkbook's Guide to Health Plans is an online tool that allows you to compare Federal Employees Health Benefits (FEHB) plans ranked by estimated costs based on your and your family's health care profile. This tool can also help you compare available plan options in detail, including deductibles, premiums, and specific coverage information. You may also review plans available through the Federal Employees Dental and Vision Insurance Program (FEDVIP).

To access Checkbook's Guide to Health Plans, go to [Select the Right Plan for You](https://liteblue.usps.gov/planselection) (<https://liteblue.usps.gov/planselection>) on LiteBlue.

Enrolling & Changing Benefits

What is my first step if I decide that I want to take action and change my benefits during this Open Season?

When you are ready to make a selection, your first step would be to visit PostalEASE. You have several options for accessing PostalEASE via:

- [The LiteBlue Open Season page](#)
 - Employee Self-Service Kiosks (available in select USPS facilities)
 - The Intranet via the Blue page
 - The Employee Service Line: 1-877-477-3273, option 1; Federal Relay Service 1-800-877-8339
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What are my enrollment types?

As always, you have the option of Self Only, which covers just you, and Self and Family, which covers you and two or more eligible dependents. Beginning in 2016, you also have the Self Plus One option, which covers you and one eligible dependent. Your eligible dependent can be a spouse or a child under the age of 26, unless incapable of self-support. For more information, go to the [Self Plus One page](#) on LiteBlue.

If I am enrolled in Self and Family or Self Plus One health insurance coverage and my last dependent becomes ineligible, will my plan automatically change my coverage to Self Only?

No, under the FEHB program you must contact the H.R. Shared Service Center (HRSSC) within 60 days of the date when your last dependent becomes ineligible, and mail a PostalEASE FEHB worksheet along with any other required documentation. You cannot simply inform your current plan.

However, under the USPS Health Benefits Plan your enrollment will automatically change proportionate to the number of eligible family members covered under your plan.

What is my Postal Category for FEHB premium rates?

For the 2019 plan year, Postal Categories are as follows:

Postal Category 1 - Career American Postal Worker Union (APWU) including IT/AS, National Association of Letter Carrier (NALC), National Postal Mail Handler Union (NPMHU) and National Rural Letter Carrier Association (NRLCA) employees.

Postal Category 2 – Career Postal Police Officer (PPO) employees.

Postal Category 3 – Career National Postal Professional Nurses (NPPN) employees.

All non-bargaining employees pay federal (Non-Postal) premium rates.

If I change my benefits plan during Open Season, will I need to switch doctors?

If you decide to change your plan, you will likely find that you can keep going to the same doctors. Most doctors participate in multiple medical networks; however, if you would like to use a particular doctor, it is recommended that you first confirm that your doctor participates in the plan being considered, before making a change.

If I experience a Qualifying Life Event (QLE) outside of Open Season, do I have to wait until the next Open Season enrollment period to enroll or make changes to my coverage?

No—you can make the change to your health, dental and/or vision coverage even if you experience a QLE outside of Open Season. If you experience a QLE, generally you can make an enrollment change 31 days before and up to 60 days after the event.

Examples of QLEs can include marriage, birth of a child, and other significant life events. Note that QLEs for dental and vision coverage are not the same as those for FEHB.

For Flexible Spending Accounts (FSA) a QLE occurring after September 30th requires that you wait until Open Season to make the benefits change.

For more information on what qualifies as a QLE, please visit the [LiteBlue QLE page](#).

What if I don't want to change my benefits, and decide to make no updates or any new enrollments during this Open Season?

Several things can happen, depending on your health plan. Contracts with healthcare insurers are negotiated yearly; some plans are dropping out of the program and others are changing their service areas or coverage options. If you don't review your coverage you could end up without the benefits you need.

Unless your current health insurance plan is dropping out of FEHB, you will continue to be covered by the plan. However, your benefits, premiums, or coverage options may change. You will also continue to be covered by your present dental and/or vision insurance plan. However, those benefits and/or premiums may change as well.

Remember, if you currently have a Flexible Spending Account (FSA), it will not continue automatically; you must reenroll.

How long do I have to be a USPS employee before I can start enrolling in benefits during Open Season?

You have 60 days from your first day of career employment to enroll in a health insurance plan. Keep in mind that if you do not complete your benefits enrollment either during your 60-day career new hire opportunity or during Open Season (whichever comes later), you must wait until the next Open Season the following year to enroll in benefits, unless you experience a QLE.

Note that if you make your health benefits election as a new hire, your enrollment will become effective the pay period after your election is received; however, an Open Season election will not become effective until January 5, 2019 for FEHB and January 1, 2019 for FEDVIP and FSA.

If you are an eligible non-career employee interested in enrolling in the USPS Health Benefits Plan, you have 60 days from your first day of employment to enroll, unless you are a casual. Casuals must meet an eligibility requirement and will be notified if and when they are eligible.

During Open Season, is it possible to enroll in just dental or vision benefits plans without having to also enroll in a health plan?

Yes, you can enroll in only dental or vision plans, as long as you are eligible for FEHB (even if you do not elect to enroll in a health plan). You are encouraged to enroll in the plan that aligns closest to your individual needs.

May I cover family members under Federal Employees Dental and Vision Insurance Program (FEDVIP)?

Yes, your eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, children age 22 and over who are incapable of self-support may also be covered.

If I am under 26, can I stay on my parent's plan and also enroll in FEHB through USPS? Can it act as a secondary insurance plan?

Yes you can, unless your parents are enrolled in FEHB. One can be your primary plan and the other can be a secondary plan. However, note that there are not many benefits in taking multiple plans, unless one plan covers something that another one does not.

In general, coverage under two FEHB plans (dual enrollment) is prohibited, with two exceptions:

- you are covered by your parent's enrollment but also have your own family coverage to cover your spouse/children;
- you are covered by your parent's enrollment and you live outside the coverage area of your parent's HMO plan;

At the end of the day, decisions about your health coverage should depend on your individual health needs. But it is usually recommended to stay on your parent's plan as long as you can.

Flexible Spending Account (FSAs)

What is a Flexible Spending Account (FSA)?

A flexible spending account (FSA) is a benefit that allows you to use pre-tax dollars to pay for eligible health care and dependent care expenses for you, your spouse, and your eligible dependents.

Eligible employees can participate in the FSA plans offered by the Postal Service. The IRS determines the maximum amount that can be contributed to each plan type. FSAFEDS, the administrator of the Postal Service FSA program, offers three plan options:

1. **Flexible Spending Healthcare** - pre-tax benefit account that's used to pay for eligible medical, dental, and vision care expenses that are not covered by your health care plan or elsewhere. With an HCFSA, you use pre-tax dollars to pay for qualified out-of-pocket [health care expenses](#).

The money you contribute to an HCFSA is not subject to payroll taxes, so you end up paying less in taxes and taking home more of your paycheck. You decide how much to contribute to your HCFSA based on how much you plan to spend in the upcoming year on out-of-pocket medical, dental, and vision care expenses. Since the money allotted to your HCFSA is not subject to payroll taxes, you save an average of 30% on your eligible health care expenses. Use FSAFEDS [savings calculator](#) to find out how much you can save.

Important: An HCFSA cannot be used to pay for health insurance, life insurance, long term care insurance or any other insurance premiums, or costs for temporary continuation of coverage (TCC).

The maximum contribution amount for 2019 FSA Healthcare is \$2,650.

2. **Flexible Spending Dependent Care** - a pre-tax benefit account used to pay for [eligible dependent care services](#), such as preschool, summer day camp, before or after-school programs, and child or

adult daycare. It's a smart and simple way to save money while taking care of your loved ones so that you can continue to work.

With a DCFSA, you use pre-tax dollars to pay for qualified out-of-pocket dependent day care expenses. The money you contribute to a DCFSA is not subject to payroll taxes, so you end up paying less in taxes and taking home more of your paycheck. See [Dependent Care FSA](#) for more information.

Important: A DCFSA is not an account for your dependent's health care expenses. If enrolled in a [Health Care FSA](#) or a [Limited Expenses Health Care FSA](#), you may use those funds to cover eligible expenses incurred by your spouse and tax dependents.

The maximum contribution amount for 2019 Dependent care is \$5,000. If both you and your spouse are participating in the program, the maximum contribution is \$2,500 each.

3. **Limited Healthcare (LEX)** - is a flexible spending account option if you are enrolled in a Federal Employees Health Benefits (FEHB) high-deductible health plan (HDHP) and have a Health Savings Account (HSA). This option is also available if your spouse is enrolled in a non-FEHB HDHP and has an HSA.

IRS rules do not allow you to contribute to a Health Savings Account (HSA) if you are covered by any non-qualifying health plan, including a general-purpose [Health Care FSA](#). By limiting FSA reimbursements to qualifying dental and vision care expenses, you and your spouse remain eligible to participate in both a LEX HCFSA and an HSA. Participating in both plans allows you to maximize your savings and tax benefits. The money you contribute to a LEX HCFSA is not subject to payroll taxes, so you pay less in taxes and take home more of your paycheck.

The maximum contribution amount for 2019 Limited Healthcare is \$2,650.

Can I use my FSA funds to pay my health insurance premiums?

No, you cannot. FSAs essentially exist to give you tax advantages. If you are a career employee, you automatically pay all premiums pre-tax, so you are already getting a tax break on those costs.

Consequently, you cannot have two tax breaks on the premium money. However, you can use your FSA to pay for out-of-pocket costs that your health plan does not cover such as, copayments and prescriptions.

Are FSAs, HSAs, and HRAs the same?

A Health Care FSA allows you to pay for medical, dental, vision, costs with pre-tax dollars. If you enroll in an FSA this Open Season, you can submit claims for eligible expenses incurred in 2019, with the option to rollover up to \$500 to the following year if you re-enroll. Any unused money above \$500 does not carry over.

An HSA also allows you to use pre-tax dollars to pay for out-of-pocket medical expenses. However, HSAs are different in two ways: (1) you must be enrolled in a High-Deductible Health Plan (HDHP) and (2) your funds can carry over from year to year.

If you are enrolled in an HDHP, you will not be eligible to enroll in a regular Health Care FSA; however, you may enroll in a Limited FSA which can be used for certain dental, vision and medical expenses not covered by your health plan or your Health Savings Account.

Dependent Care FSAs are also available and can be used to cover eligible dependent care expenses (including child and adult daycare) for your qualified dependents.

An HRA is similar to an HSA except you cannot make deposits into an HRA, a health plan may impose a ceiling on the value of an HRA, interest is not earned on an HRA, and the amount in an HRA is not transferable if you leave the health plan. HRAs are a common feature with Consumer Driven Health Plans (CDHP). They are also available to you if you are enrolled in an HDHP and are not eligible for an HSA.

Visit www.opm.gov for a comparison chart.

Retirement

Do I have to be enrolled in the same plan for 5 years before my retirement to be eligible to continue my coverage into retirement?

No, the only requirement is that you have to be enrolled in the FEHB program for the 5 years of service immediately before retirement, or for the full period of service since your first opportunity to enroll (if less than 5 years). You can change plans within FEHB every year during Open Season if you would like and still qualify.

Will FSAs end at retirement, and if so, can they be extended as a retiree?

FSAs end when you leave employment, including retirement. But, you can file claims for anything incurred up until your last day of employment. You cannot, however, claim expenses after employment has been terminated. FSAs are not available to retirees.

Does retirement count as a QLE in which I can change my benefits outside of the period of time for Open Season?

Retirement is not a QLE so you cannot change from one plan or option to another. However, because premiums are deducted on a post-tax basis in retirement, you may decrease or cancel enrollment at any time. If you are thinking of retiring next year, you should take a close look at your benefits and align them with your retirement needs during this year's Open Season.

If you are planning on retiring in January, you should contact the HRSSC to discuss whether Open Season is the best time for you to make an enrollment change. The HRSSC can be reached at 1-877-477-3273, option 5 (Federal Relay Service 1-800-877-8339).

Do I have to make changes to my TSP contributions during Open Season?

You do not have to make changes to your TSP contributions during Open Season. TSP changes can be made at any time. However Open Season is a good opportunity to review your contributions to ensure that you are getting the maximum agency contribution. In addition to the 1% you automatically get from the Postal Service, you have an opportunity to get an additional 4% of matching contributions towards your retirement when you contribute 5%. The IRS maximum for TSP contributions for the 2019 tax year is \$18,500.*

Also note that if you are age 50 or above, you have an opportunity to do “catch-up” contributions up to \$6,000 for the 2019 tax year. If you are currently making “catch-up” contributions, you will need to elect to participate again for the new tax year.

For more information on this please visit liteblue.usps.gov/tsp or www.tsp.gov.

**Agency and matching contributions are only made for eligible FERS employees.*

How do I change my TSP deduction?

You can start or change your TSP elections through PostalEase. Through the PostalEase portal you are able to select a flat dollar amount or percentage of your base salary that you would like to contribute to the TSP. You can access PostalEASE via:

- [LiteBlue](#)
 - Employee Self-Service Kiosks (available in select USPS facilities)
 - The Employee Self Service Line: 1-877-477-3273, option 1; Federal Relay Service 1-800-877-8339
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Other Open Season Questions

Do I have to make changes to my Commuter Benefits elections during Open Season?

No, you do not have to make changes to your Commuter Benefits elections during Open Season. Commuter Benefits changes can be made at any time during the calendar year. It is important to review your participation in the program as we enter the new calendar and tax year. Are you missing out on reducing your taxable wages? You can elect to have pre-tax monies set aside for parking, transit, vanpool, and other rideshare programs. In many cases, payments can be made directly to your parking vendor, transit supplier, or rideshare provider.

For more information on Commuter Benefits, please visit liteblue.usps.gov/benefits

What should I know about my plan when travelling overseas?

When travelling abroad and needing coverage, it is important to know that most overseas providers require payment "up front."

For more information on this see Section 7 of the plan brochure for information about filing an overseas claim.

If I would like more information on Open Season, where can I access additional resources?

Additional resources are available on the [LiteBlue Open Season page](#).